Acknowledgement and Waiver of Compensation and Liability for Public Volunteer

Upon signing this release, I, (print full name), hereby volunteer to perform services for Cobb County, Georgia and Cobb County Emergency Management Agency (CEMA) for civic, charitable, and/or humanitarian reasons. I understand that my services are being offered on a volunteer basis without anticipation of financial remuneration. As such, I agree to perform services for the aforementioned governmental entity with no promise, expectation or receipt of compensation for services rendered. I fully understand that volunteers are NOT considered to be County employees for any purpose, and that I am NOT entitled to any employee benefits. I acknowledge that my performance or participation may involve a risk of accident, illness, or injury to me during my service. I understand that I am not covered by Workers' Compensation or any other policy of insurance provided by the County in the event of accident, illness, or injury. I agree to indemnify and hold harmless Cobb County, Georgia, its agencies, departments, employees, agents, leaders, instructors, officials, representatives or other volunteers from and against all claims, demands, losses, or injuries to my person or property incurred through negligence, or other acts or omissions, however caused, as a result of, or during my participation in volunteer activities.			
		I hereby expressly assume the risk, and I acknowled understand this agreement and its contents. I am award and a contract between me and the Cobb County, Georgents, and others, and I sign it of my free will.	e and agree that this is a release of liability
		I also understand that either the County or I may cance the other party.	el this agreement at any time by notifying
Signature of Volunteer	Date		
(or parent if volunteer is under 18 years of age)			
Printed Name			
Witness	Date		